List of Medicaid and CHIP Eligibility and Enrollment Performance Indicators and Sub-indicators
(January 23, 2014)

Indicator Description	Frequency
1. **Total Call Center Volume** (by individual call center, and a sum of all call centers)	Weekly and Monthly
2. **Average Call Center Wait Tim**e (for each call center, and a weighted average for all call centers)	Weekly and Monthly
3. **Average Call Center Abandonment Rate** (for each call center, and a weighted average for all call centers)	Weekly and Monthly
4. **Number of Applications Received in Previous Week** 4a. Total Applications Received *By "Door" Through Which Application Received* 4b. Applications Received by Medicaid Agency 4c. Applications Received by CHIP Agency 4d. Applications Received by SBM	Weekly
5. **Number of Applications Received in Previous Month** 5a. Total Applications Received 5b. Applications Received by Medicaid Agency *Applications Received by Medicaid Agency, by Channel* 5c. Online Applications Received by Medicaid Agency 5d. Mail Applications Received by Medicaid Agency 5e. In-person Applications Received by Medicaid Agency 5f. Phone Applications Received by Medicaid Agency 5g. Other Applications Received by Medicaid Agency 5h. Applications Received by CHIP Agency *Applications Received by CHIP Agency, by Channel* 5i. Online Applications Received by CHIP Agency 5j. Mail Applications Received by CHIP Agency 5k. In-person Applications Received by CHIP Agency 5l. Phone Applications Received by CHIP Agency 5m. Other Applications Received by CHIP Agency 5n. Applications Received by SBM	Monthly
6. **Number of Electronic Accounts Transferred** 6a. Total Transfer Accounts Received *By Source of Incoming Transfer* 6b. Transfers Received from FFM 6c. Transfers Received from Non-Integrated SBM systems 6d. Transfers Received from Unknown Source *By Transfer Type* 6e. Determined Account Transfers Received 6f. Assessed Account Transfers Received 6g. Request for Full Determination Transfers Received 6h. Transfers of Unknown Type Received 6i. Total Transfer Accounts Sent	Weekly and Monthly

By Destination 6j. Transfers to FFM 6h. Transfers to Non-Integrated SBM Systems	
7. **Number of Renewals** 7a. Number of Renewals up for Annual Redetermination *By Determination Type* 7b. Medicaid MAGI renewals 7c. Medicaid Non-MAGI Renewals 7d. CHIP Renewals 7e. Unknown Type	Monthly
8. **Total Enrollment** 8a. Total Medicaid Enrollees *Medicaid MAGI enrollment* 8b. Total MAGI Enrollees 8c. MAGI Child Enrollees 8d. MAGI Adult Enrollees *Medicaid non-MAGI enrollment* 8e. Total Non-MAGI Enrollees 8f. Non-MAGI Child Enrollees 8g. Non-MAGI Adult Enrollees 8h. Total CHIP Enrollees	Weekly and Monthly
9. **Total Number of Individuals Determined Eligible** 9a. Total Medicaid Eligible *By Determination Type* 9b. Medicaid MAGI Eligibility Determinations 9c. Medicaid non-MAGI Eligibility Determinations *By Reason for Determination* 9d. Medicaid Eligibility Determined at Application 9e. Medicaid Eligibility at Application under MAGI Rules (New! Monthly only) 9f. Medicaid Eligibility at Application under non-MAGI Rules (New! Monthly only) 9g. Medicaid Eligibility Determined at Annual Renewal 9h. Medicaid Eligible via Administrative Determination 9i. Medicaid Eligible via Other Method 9j. Total CHIP Eligible *By Reason for Determination* 9k. Determined CHIP Eligible at Application 9l. Determined CHIP Eligible at Annual Renewal 9m. All Others Determined CHIP Eligible	Weekly and Monthly
10. **Total Number of Individuals Determined Ineligible** 10a. Total Medicaid Ineligible *By Determination Reason* 10b. Medicaid Determination – Ineligibility Established 10c. Medicaid Determination – Eligibility Cannot be Established *By Type of Determination* 10d. Medicaid Determination – Ineligible at Application	Weekly and Monthly

10e. Medicaid Determination – Ineligible at Annual Renewal 10f. Medicaid Determination – Ineligible via Other Application Type 10g. Total CHIP Ineligible *By Determination Reason* 10.h. CHIP Determination – Ineligibility Established 10.i. CHIP Determination – Eligibility Cannot be Established *By Type of Determination* 10j. CHIP Determination – Ineligible at Application 10k. CHIP Determination – Ineligible at Annual Renewal 10l. CHIP Determination – Ineligible via Other Application Type	
11. **Number of Pending Applications or Redeterminations** *Pending at Medicaid Agency* 11a. Number Pending at Medicaid Agency 11b. Pending at Medicaid Agency Type *Pending at Separate CHIP Agency* 11c. Number Pending at CHIP Agency 11d. Pending at Separate CHIP Agency Type	Monthly
12. **Processing Time for Determinations** 12a. Median Processing Time – All Medicaid Determinations *Type of Medicaid Determination* 12b. Median Processing Time – MAGI Determinations 12c. Median Processing Time – non-MAGI Determinations *Source of Medicaid Application* 12d. Median Processing Time – Direct Application 12e. Median Processing Time – Transfer Application from FFM *Number of Medicaid MAGI Determinations, by Processing Time* 12f. Less than 24 Hours 12g. 24 Hours – 7 Days 12h. 8 Days – 30 Days 12i. 31 Days – 45 Days1 12j. More than 45 Days *Number of Medicaid non-MAGI Applications, by Processing Time* 12k. Less than 30 Days 12l. 31 – 60 Days 12m. 61 – 90 Days 12n. More than 90 days *Source of CHIP Application* 12o. Median Processing Time – separate CHIP Agency 12p. Median Processing Time – Direct Application 12q. Median Processing Time – Transfer Application from FFM *Number of CHIP Applications, by Processing Time* 12r. Less than 24 Hours 12s. 24 Hours – 7 Days 12t. 8 Days – 30 Days 12u. 31 Days – 45 Days 12v. More than 45 Days	Monthly